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LEUCOCYTHEMIA.—LETTER FROM PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Not very long ago, there was in the service of M. Nélaton, at the "Hôpital de la Clinique," a pale and sickly-looking man, aged 27, afflicted with a disease which, from its rare occurrence, was examined and watched with unusual interest. It is said, M. Nélaton meets with only one or two examples of it in his service annually. Our attention was called to this affection, some five years ago, while in Berlin. Since then, we do not think we have met with more than half a dozen cases.

The patient, about a year before entering the Hospital, perceived first that the glands of the right axilla enlarged. Then followed swelling of the cheek and under the chin. When first seen at the "Clinic," the parotidian, mastoidian, supra-maxillary and supra-hyoidian regions were swollen on both sides, so as to encircle completely the face, and to embarrass considerably the respiration. The lymphatic glands in the axilla, under the clavicle, in the supra-clavicular region and beneath the pectoral muscles, were also enlarged. The cellular tissue surrounding the glands was thickened, constituting a kind of œdematous induration. The deformity thus produced in the patient's appearance was very striking. The neck was almost entirely obliterated, appearing as if it had settled down within the thorax. Contrasted with this enormously hypertrophied condition of the upper part, the lower half of the body appeared much emaciated.

This disease, in the majority of cases, develops itself externally, in the manner observed in this patient. It commences by invading, first, the cervical and submaxillary glands, then the other regions possessed of lymphatics, progressively from above downward, the glands in the inguinal and popliteal regions being the last to become affected. In these cases there is really great emaciation, notwithstanding the apparently large size the patient often presents. The disease, in the generality of cases, progresses slowly, destroying the patient, according to M. Nélaton's observations, in from three to six years. Thus far, no means that have been re-

sorted to have exerted any influence on the course of the affection. In this case, the disease progressed very gradually, and terminated with the life of the patient, not many months after he had been transferred from M. Nélaton's service to the "Hôpital de la Pitié."

Within a fortnight, a man of middle age, and similarly affected, ened the service of M. Nélaton. This case, moreover, was one of unusual surgical interest. There was, in this instance, a general diseased condition, with herpertrophy of the lymphatic system. The lymphatic glandsin the left axilla were enormously hypertrophied, forming a tumor so large that the arm was elevated, thereby, nearly at a right angle with the body. The constant suffering which the tumor occasioned, by pressure upon the large nerves in that region, was so great, it was evident the patient could not survive long, unless relief was obtained. After taking into consideration all the circumstances having a direct bearing upon the case, M. Nélaton considered it his duty to advise an operation. The dissection had to be performed with the greatest care, as some of the larger nerves and vessels were embraced by the tumor. Within a few days after the operation, however, the patient was seized with a purulent infection, so common after surgical operations in the hospitals of Paris, and died within a week. *Post-mortem* examination revealed an extensive disease of the lymphatic glands, especially within the abdomen. Some of these were larger than the two fists. The spleen and bronchial glands were also in a hypertrophied condition.

I have selected these two cases, as presenting a very fair type of a disease of the lymphatics, which the researches of Prof. Bennett and Virchow have shown to be dependent upon, or connected with, a morbid change in the blood called (by Prof. B.) leucocythemia. This consists in a considerable augmentation of the white globules, or colorless corpuscles. It does not appear, however, notwithstanding the diseases of the blood have strongly engaged the attention of modern pathologists, that the real pathology of this affection is clearly defined to the satisfaction of all. The term leukämia, or white blood, given to it by Prof. Virchow, of Berlin, who, according to some, was the first to discover (1845), if not to describe, this abnormal state of the blood, has not generally been adopted in Europe. It appears from the observations of this distinguished pathologist, the anatomical lesion more frequently observed existing along with this malady, is a hypertrophy of the spleen, and not unfrequently that of the liver. Following the pathological anatomy, he makes two varieties of leucocythemia, the splenic and lymphatic. In both varieties we have this abnormal condition of the blood, but in the lymphatic variety there is not only a hypertrophy of the spleen and liver, but also tumors of the axillary lymphatic glands, of the cervical, and in the abdomen, of Peyer's patches, and not unfrequently of the solitary glands of the intestines.

Prof. Virchow, whose pathological researches and labors have gained for him the foremost position as an exact and reliable authority, has examined more searchingly into the pathology of this disease than any one else. But we have not set out with the intention of producing a paper upon the subject, and therefore shall not bring together all that could be said upon it. The microscopical anatomy and appearances of the blood in this affection, to be brief, we shall be obliged to pass over. Our object is merely to call attention to this novel affection, while describing some of the more striking pathological changes and symptoms as observed in the cases described above. Following the course or march of the symptoms in the two varieties of leucocythemia already described, Virchow considers them under two heads—1st, the febrile; 2d, the hæmorrhagic. The patient in the first instance becomes more and more weakened, finally sinking under increased dyspnœa and hectic fever, &c. In the second form, the patient sometimes sinks, from external hæmorrhage or from repeated epistaxis, and sometimes by hæmorrhage from the intestinal organs. These cachectic phenomena supervene, occasioned by general failure in the vital forces, chlorotic symptoms, "bruit de souffle" of the arteries, hæmorrhage from the mucous membranes, dyspnœa more or less grave, and finally death.

With regard to the treatment, as we have stated, nothing appears to be of the slightest service in well-marked cases, with distinct glandular enlargement. Iron, quinine, hydriodate of potass. and a variety of medicines administered internally, with tincture of iodine applied externally, have effected absolutely nothing. The principal indications in advanced cases will be to restrain or check the diarrhœa and epistaxis, and to support the vital powers.

Paris, France, April 10, 1859. J. F. Noyes.

IMPROVEMENTS INTRODUCED INTO THE OPERATION FOR VESICO-VAGINAL FISTULA BY AMERICAN SURGERY.

[Translated from the *Gazette Hebdomadaire de Médecine et de Chirurgie* of January 7th, 1859, for the Boston Medical and Surgical Journal.]

[The following translation has been in our possession for several weeks; and circumstances beyond our control have alone prevented its publication, hitherto. Just as we were about putting it to press, we observed a translation of the same article in the *Peninsular and Independent Medical Journal* for April, 1859. We print the version, however, which we have received, thus long since, for two reasons: first, because the Western journal circulates less freely on the Eastern sea-board at least, than our own; and also because the operation to which the article relates, is essentially a Boston operation, having been devised and first performed by a Boston surgeon—Dr. George Hayward, Sen.—and is

therefore peculiarly worthy of permanent record in this JOURNAL. And in this light, we call the especial attention of our readers to the paper in question.—EDITORS.]

In the course of the month of November last, a young American surgeon, Dr. Bozeman, came to Paris, and visited our hospitals. He there explained theoretically and practically the methods he employed in the treatment of vesico-vaginal fistula, which have given him a just degree of celebrity both in the United States and in Europe. Dr. Robert having at the time under his care, at the Hotel Dieu, a patient who had already been operated on twice without success, both by himself and by us, begged Dr. Bozeman to make another attempt; the method was submitted to a severe test, for the case was far from favorable—the result, however, was satisfactory.

Being present at this operation, we were able to follow its different stages. Two things struck us; first, the extreme skill of Dr. Bozeman, and then the perfection of the operation itself.

The foreign press, moreover, informing us every day of numerous successes obtained by this method, we thought it would be useful to show the progress of a surgical operation which does the greatest honor to American practice. But while collecting information upon this subject, and while consulting published works, we soon saw that Dr. Bozeman had been preceded in this branch by several of his countrymen, and during our investigations we encountered questions of priority which had been, unfortunately, discussed with a bitterness to be regretted. On seeing this, our plan changed.

Our personal inclinations, and the customs of this Journal, lead us not to recoil before the demands of impartial criticism, supported by history. To render to each one that which belongs to him, seems to us an imperative duty, and, moreover, much more useful to science than is generally thought. We resolved, then, to cast a glance upon all American surgery, so far as it touches upon vesico-vaginal fistula.

It was in 1839, by common agreement, that the first success was, if not obtained, at least made public in the United States, by Dr. Hayward, of Boston. We shall commence, therefore, with the works of this surgeon. We shall follow our inquiry up to the present time, attaching less importance to dates than to the search for new ideas; historical criticism having, above all, for its object the exposition of principles. This review is not, perhaps, entirely inopportune; we, in France, are, in fact, rather disposed to believe that no one equals us in surgery. It would be dangerous, as well as unjust, to perpetuate this vain illusion, for one makes the greatest struggle to preserve the front rank as he sees himself on the point of being outstripped; and it concerns our dignity, as well as the interests of humanity, to recognize, at least, the progress which we have failed to realize.

Dr. Hayward (of Boston) has published two memoirs on vesico-vaginal fistulæ—one in 1839, the other in 1851. Each of these contains important ideas. I shall consider them separately.

The first publication, as I have said, bears the date of 1839. During the preceding year, the American Journal (1838, Vol. XXIII., p. 224) had published a translation of two articles of Dieffenbach, inserted in the *Berlin Med. Zeitung* of June and July, 1836. Dr. Hayward had read these articles, for he quotes their author, and introduces into the methods of the Berlin surgeon some happy modifications. After some generalities, he reports the following case.

[For the account of this case, and a description of the operation, by which the fistula was entirely closed, see "Surgical Reports," &c., by George Hayward, M.D., p. 200.—TRANS.]

We have reported this case because it contains the essential points of Dr. Hayward's method; we have seen that, not only was the operation crowned with success, but further that the symptoms following it were extremely mild. The author attributes the absence of serious symptoms, first to the want of all traction exerted upon the edges of the fistula, and then to the fact that the bladder was not at all involved in the introduction of the needles.

But there are in this method principles too important to be passed by with a mere mention, particularly if we consider the time (1839) when this statement was published. The manner of operating upon vesico-vaginal fistula had been then much less studied than at present; the important works which we possess had not yet been published, or at all events were not generally known. Therefore, Dr. Hayward ought to be considered a real innovator, and a successful innovator.

Let me be permitted to examine separately the prominent points of his operation. 1st. Approximation by *broad* freshly cut surfaces. This idea belongs to Dieffenbach. After having pared, perpendicularly, the edges of the fistula for about a line in width, he proposed and executed the detachment of the mucous membranes of the vagina and bladder, and their separation to the extent of two lines. He succeeded by this means in closing, in two operations, a wide fistula for a woman 28 years old. He says, very explicitly, that this detachment has for its object to obtain a *broad* surface for re-union. Dr. Hayward has been one of the first to fully understand all the importance of this precept, and, although the method of detachment all around the fistula (décollement périphérique] has been now nearly abandoned, the idea of increasing, by some means or other, the too narrow extent of the raw surfaces which perpendicular paring gives, this idea, I say, is found not only in all the American methods, but in several works of French surgeons. In our country, but not till 1841, Gerdy recommended approximation by broad surfaces; he dissected up the

vaginal mucous membrane, turned back the flaps obtained from the side of the vagina, and held them back to back by the raw surfaces, by means of the quilled suture.

A year later, Dr. Leroy (of Etiolles), in a paper filled with ingenious ideas, also insists on the advantages of the same principle; only, instead of dissecting up and doubling back the lining of the vesico-vaginal septum, he proposed to unite, by the aid of instruments, prepared for the purpose, the walls of the vagina made raw around the opening.

I think it useless to dwell longer either upon the history or the advantages of this first precept. I believe it fundamental in the operation for vesico-vaginal fistula; as in our day, however, it is not rigorously enough observed, for in our authorities it passes, so to speak, unperceived in the immense crowd of proposed modifications, I have thought that I would make it particularly prominent. To the promulgation of this important principle will be attached the names of Dieffenbach, Gerdy, Hayward, and Leroy (d'Etiolles).

2dly. Passing the thread exclusively in the thickness of the vesico-vaginal wall, without injuring the mucous membrane of the bladder.

This important rule has been clearly laid down by Dr. Hayward, who attributes to the observance of it much of the absence of severe symptoms in his operations. It is incontestable, in fact, that in the ordinary methods each thread, twice perforating the mucous membrane of the bladder, creates by this means two ducts for the slow infiltration of the urine into the submucous cellular tissue of the bladder; a tissue which, as we know, is very loose. Still more; small fistulæ have frequently been observed to have been created by the threads themselves. In short, these same threads, being, in themselves, a cause of inflammation, and inflammation being the principal cause of the failure of the sutures to bring about union, everything unites to show the value of a method which does not involve the mucous membrane of the bladder in the paring, and which removes it from the permanent and injurious contact of the uniting substances. As to this, Dr. Hayward does not conceal the source from which he derived his idea; it is a passage in Dieffenbach which has put him upon the track of this important improvement. The Berlin surgeon, in fact, finished his paper with the following passage: "The operation for vesico-vaginal fistula is always dangerous; principally, on account of the damage done to the bladder, the suture producing always more or less inflammation in the edges of the fistulous opening, or in the surrounding parts." Dieffenbach saw there a real danger, which we seek now too much to conceal; but he did not do what was necessary to avoid it. In one case, indeed, he had used a suture in which the needle passed between the two membranes without penetrating that of the bladder; but, in ordinary cases, after having effected the detachment above described, he passed the thread both through the bladder

and the vagina; or, in other words, he pierced through both mucous surfaces.

Since we are historians, we ought to examine further the just fear inspired by piercing the mucous membrane of the bladder, and some of the plans offered to remedy this. In the very important paper published by Lallemand (de Montpellier), in 1825, this surgeon expressed several times his fear of fixing hooks in the bladder. In 1829, M. Laugier, having considered these various inconveniences, invented an instrument with which to perform this operation. * * * * * * [His object was to unite the sides of the vesico-vaginal fistula by drawing upon the firm tissue of the vagina, without involving the bladder.]

Without being acquainted with the operation of M. Laugier, as usually only the instrument with which it is performed is spoken of, without stating the principle upon which its employment rests, Dr. Hayward arrived at altogether analogous conclusions concerning the suture: "It seems to me," said he, "that, in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which, of course, should be previously pared, may in almost every case be brought into close contact."

Inspired by Lallemand, M. Laugier laid down the principle; warned by Dieffenbach, Dr. Hayward applied it with success. This is, in my opinion, the paternity of a rule of practice of undeniable importance, which we have not preserved in France, but which American surgery has very generally adopted.

3d. The bringing down of the vesico-vaginal wall, in order to render the fistula accessible to sight, and to instruments.

One of the circumstances which has most retarded the progress of the operation which occupies us, is the difficulty of handling instruments at the bottom of a narrow cavity, and of paring down, and sewing, an opening scarcely visible. This objection discouraged J. L. Petit; it is found under different forms, in most works upon this subject. Lallemand himself, although a skilful surgeon, recoiled before it; and it is on account of these obstacles, that caustic is constantly praised and made use of. We must confess that the difficulty is great; Dr. Hayward triumphed over it by a very simple method, and in his very first attempt in 1839. "The patient was placed upon the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra, and carried it back as far as the fistula. In this way I was able to bring the bladder downward and forward, so that the opening was brought fairly into view."

If we recollect that the fistula in the case referred to was situated fifteen or sixteen lines from the meatus urinarius, it is easy to understand the mechanism of the operation. The instrument introduced by the urethra acts as a lever; by raising the exterior part toward the abdomen, the upper wall of the vagina, with the vesical portion, is depressed. The bougie ought only to be unyielding; Dr. Hayward afterward used one of whalebone.

This necessity of bringing down the fistulous opening to facilitate the paring of the edges, and the passage of the sutures, has exercised, from the first, the minds of surgeons. In 1828, M. Malagodi hooked the fistulous opening with his finger, bent and introduced into the vagina. A defective method; since the action of the cutting instrument is retarded by the finger, and the surgeon, of course, has only his right hand to pare with. Sanson thought to depress the fistula, by acting through the bladder; so he introduced the fore-finger of the left hand into the urethra, and thus pressed it directly upon the lower wall of the bladder. But the urethra is not always sufficiently dilatable to admit, without violence, the large fingers of many operators. Sanson, to remedy this, had the audacious plan of cutting open the urethra with the double lithotome, in order to facilitate the introduction of the finger. A grave operation to commence with, and which has received too much praise, and which, it seems to me, ought to be absolutely proscribed.

On the whole, bringing down the fistula by Dr. Hayward's method seems to me applicable in those cases where the abnormal orifice is not situated too far from the vulva, and where the operation is performed with the patient lying upon her back; this method, besides, is entirely harmless; further, it is efficacious; since, as we have seen, the sutures can be placed, and the threads knotted, with the hand, which amounts to almost the same thing as operating upon a superficial surface.

If the fistula was situated deep, near the neck of the uterus, I think that it would be very difficult to bring it down enough with the bougie in the bladder, and that it would be necessary then to try other expedients. As for the rest, the means intended to expose the fistula to sight, are closely allied to the question of the best position for the patient to take; a point much controverted, and which we must discuss later.

To resume; the first work of Dr. Hayward brought to light, in 1839, two important precepts.

1st. Bringing the edges together by broad, freshly-cut surfaces.

2d. Placing the threads outside the mucous membrane of the bladder.

In April, 1851, Dr. Hayward published a second paper on vesico-vaginal fistulas, in the Boston Medical and Surgical Journal. Before passing to the analysis of this interesting paper, we will devote some moments to two other celebrated American surgeons,

who have also studied the same subject. I mean Drs. Mettauer and Pancoast. Unfortunately I have been unable to consult their original works; only some extracts, very much shortened, have come to my knowledge, and I have long since learned to distrust simple quotations and even succinct analyses.

According to Dr. Bozeman, Dr. Mettauer, known for his many works on reparative surgery, has tried the operation for vesico-vaginal fistula since 1830. The method of Dr. Mettauer consists in paring the edges of the opening, then bringing them in contact by the interrupted suture made with leaden wire. These wires traverse the whole vesico-vaginal wall at the distance of an inch from the pared edges, then when enough have been placed, the ends of each are twisted together until the exact meeting of the lips of the wound is effected. They are then cut off, outside the vulva; on the third day, the wires are tightened by fresh torsion, and at length finally removed, about the tenth day. Dr. Mettauer has often since employed the same method, without much modification, and with much success.

The first publication of this surgeon was made in 1847, in the Virginia Medical and Surgical Journal, which it has been impossible for me to procure. The priority in printing, then, rests with Dr. Hayward, who, moreover, operated quite differently.

Neither have I been able to consult the account of the operations of Dr. Pancoast, published in the Medical Examiner, May, 1847; fortunately Dr. Sims gives a sufficiently long extract from it.

"*Method of Dr. Pancoast, of Philadelphia.*—The special character of this operation consists in reuniting solidly the edges of the abnormal opening, on the principle of the tenon and mortise. Thus, four freshly-cut surfaces are brought in contact, which increases the chances of union by first intention. The edges should have considerable thickness; when they are not in this condition, they should be thickened by repeated applications of nitrate of silver, or better, by the hot iron. The parts being as much dilated as possible with Charrière's speculum, the moveable valve of which has been taken out, at the same time that an assistant raises the outer part of the speculum toward the pubis, the first step of the operation is to split the posterior lip of the fistula, to the depth of half an inch. The opposite lip is then pared to the shape of a wedge; first, by turning it out, as far as possible, with a blunt hook, to pare the mucous membrane of the bladder with the curved scissors and scalpel, then by shaving off in its turn the mucous membrane of the vagina, upon the whole lip, to the extent of three quarters of an inch. Now comes a very difficult, but a very important part of this operation. The hæmorrhage being arrested, the bleeding, wedged-shaped tongue, into which the anterior lip has been converted, is to be inserted into the groove, or mortise, made in the posterior lip, and the two parts to be held in contact. This is done by means of a particular kind of suture, useful in

many plastic operations, and described by the inventor in the American Journal, for October, 1842. When the sutures are knotted, the tongue is enclosed in the mortise; the threads are left a fortnight, or more, until they become loose, an elastic catheter being left in the bladder to prevent distention. A bladder filled with cold water is applied to the vulva for thirty-six hours, in order to moderate the inflammation. On the second or third day, frequent vaginal injections of sulphate of zinc are made use of, to increase the vigor of the parts. On the fourth or fifth day, a brush dipped in a solution of nitrate of silver is passed over the line of re-union, the strength of the solution being gradually increased. Immediate union may be expected in a great part of the fistula; where it fails, secondary union is promoted by the solid nitrate of silver, which developes a layer of granulations upon the surfaces, which the plastic suture still holds in contact."

Dr. Pancoast has cured by his method two patients. In one, there was complete destruction of a segment of the urethra; the other had an opening at the lower part of the bladder, more than sufficient to admit the end of a finger.

We again find the principle of approximation by broad surfaces carried to its extreme limits by the method of Dr. Pancoast, a true suture by schindylesis. The efficiency of this operation is evident; unfortunately, it presents extreme difficulties of execution, and it cannot, therefore, be applied to all cases. I have known an operation very analogous to this, practised a short time since, by my excellent colleague M. Lenoir. The posterior border of this fistula was formed by the os tincæ. Two operations by the ordinary sutures had failed. M. Lenoir devised the plan of splitting transversely the anterior lip of the neck of the uterus, in such a manner as to form a deep groove, in which he enclosed the anterior lip of the fistula. A cure was effected. This is a case which deserves the honor of the publication of a detailed account.

I observe also, in the treatment after the operation established by Dr. Pancoast, the use of astringent injections, of cauterizations of the new cicatrix with nitrate of silver, and, lastly, the very long time the sutures are kept in.

This method will, I doubt not, be again found useful in certain cases.

AR. VERNEUIL.

The agency of fatty bodies in the absorption of metallic oxides has been lately investigated by Dr. Jeannel. He finds that fatty oil is an extremely sensitive re-agent, which allows us readily to recognise and to separate 1·400,000 part of oxide of copper in a watery solution, provided that the water contains, at the same time, equivalent portions of carbonate of lime.—*Am. Drug. Circ.*

HYPERTROPHIC ELONGATION OF THE NECK OF THE UTERUS.

[Translated for the Boston Med. and Surg. Journal, from the *Gazette Hebdomadaire*, Nos. 10 and 11, 1860.]

BY O. D. PALMER, M.D., ZELIENOPLE, PA.

[THE numerous members of the Academy of Medicine, whom the *fête* and sun detained from Rue Stes. Pérces, on Monday last, have lost a double pleasure: that of hearing two communications, filled with interest; the one from Dr. Huguier, on the hypertrophic elongation of the neck of the uterus, the other from Dr. Sappey, on the derivative passage, made by the blood of the *vena porta*, so as to pass into the inferior *vena cava*, in case of obstruction to the hepatic circulation.

The readers of the "Gazette Hebdomadaire" are already acquainted with the ideas of M. Huguier, on the pathological value of hypertrophy of the *sub-vaginal* portion of the uterus. According to him, it is this morbid anatomical disposition, to which we are to refer the great majority of the cases habitually described under the name of prolapsus uteri. The true remedy for this affection would consist in a retrenchment of the part hypertrophied. We will explain ourselves on these two points when M. Huguier shall have finished his communication, a part of which he has only given. In awaiting, we will publish the following note from Dr. Lefevre, on the same subject.—ED. GAZ. HEBDOM.]

There is a form of partial inflammation of the uterus, that, hitherto, appears not sufficiently to have attracted the attention of practitioners, and which seems unknown to a greater part of them, though it has been signalized by some authors, particularly by Professor Chomel. I allude to a form of metritis, which occupies exclusively the neck of the uterus.

When the neck is inflamed, to the complete exclusion of the body of the uterus, it will acquire a considerable length, which has been considered by some pathologists as a modification produced by age; by other anatomists, again, it has been viewed as a consequence of prolapsus uteri. There have resulted from this confusion, errors in diagnosis, of a serious nature. I have thought it would not be altogether useless to call attention to a form of disease occurring so often in practice.

I have sought to discover the causes of these errors, and I have been compelled to attribute them to the persistent silence of authors on this affection, and on the symptoms that distinguish it from displacement of the uterus, together with the confusion that prevails in the nomenclature of uterine diseases—a confusion, which, in spite of the efforts of some authors, and especially the authors of the "Compendium," still predominates over science.

If I should propose to treat this question in its whole extent, I should be carried beyond the limits imposed to this work, which has no other aim than to describe a particular form of inflammation of the neck of the uterus, with some of its morbid modifica-

tions, and to establish a differential diagnosis between this disease and the displacement of the uterus. The idea of this communication was suggested by the many cases of this affection, which have been offered to my observation the present year—cases in which the practitioners who have preceded me in treating the patients accidentally committed to my care, have made very grave mistakes.

In two cases in which the affection was carried to the highest degree, the neck of the uterus had at times the length of the index finger appearing at the orifice of the vulva. The daughter of one of our colleagues—the late Dr. D.—has afforded me an observation of one of the most remarkable of these cases. The two patients to which I allude were treated for prolapsus uteri; and each had worn a Gariel pessary, which would generally escape through the labia, or, if it remained introduced, was the cause of the most acute suffering. The mother of one of these patients, the dowager Madam D., known to many of the members of the Academy, and a mistress *sage femme*, came from the country where she inhabited, for the purpose of having me, with her, examine her daughter. She recognized, as well as myself, the enormous length of the neck, which was encountered by the finger between the labia externa pudendi, and which was accessible to the view when the labia were separated. In the case of Mademoiselle D., a mistake in the diagnosis was impossible, and the least possible reflection was sufficient to banish the idea of a depression of the uterus, for the body of that organ was in its accustomed location, situated very high in the cavity of the pelvis; it was even with difficulty that we could arrive at the utero-vaginal cul-de-sac, and it was necessary, for this purpose, to depress the walls of the abdomen, at the same time that the finger was pressed upward behind the symphysis pubis, to the extremity of the neck, or that it was pressed against the coccyx to explore the anterior portion of the cul-de-sac.

In the other case, error was almost inevitable. I had believed it, myself, to be a prolapsus uteri, and my error in diagnosis has continued during a great part of the treatment. This error arose from two special conditions: 1st, The neck, tumefied, elongated, conical, fusiform, quite voluminous (the woman had never had a child), made a forward projection of the vulva. 2d, At a moderate distance from the vaginal orifice, the body of the uterus could be perceived, and the finger could promenade with facility entirely around the utero-vaginal cul-de-sac. Like Lisfranc, I thought the patient affected with a prolapsus of the uterus, in consequence of previous inflammation of this organ; and to obtain the reduction, I considered it my duty to abandon the pessary employed, and to prescribe for the phlegmasia. I confess, however, that I entertained doubts concerning the correctness of my diagnosis, and it was only when the inflammation of the neck was partially subdued, I perceived I had fallen into an error, in which my brethren had

participated in their anterior treatment of the case. The uterus not ascending in proportion as the inflammation was diminished, as generally happens, I endeavored, by means of upward pressure on the lower part of the abdomen, to raise that organ, but I did not succeed, the vagina not elevating, and the attempt being painful. I ascertained an unusual brevity of the vagina. I assured myself at the beginning of my treatment, by means of hypogastric palpation, and rectal exploration, aided by vaginal touch, that the volume of the uterus was normal, and did not participate in the phlogistic state of the neck. The disease of this patient is cured, and I have since assured myself that there is a considerable degree of brevity in the vagina.

In these two cases, as also in many others which I have been called upon to observe, besides the usual signs of uterine affections, there existed a redness of the membranes of the neck, as well externally as internally; an augmentation of their secretions, which were whitish, opake and purulent; tumefactions, local pain, and abnormal heat; the os slightly open, permitting a view of the interior of the neck, to a more than normal depth. What proves this, moreover, to be an inflammatory state, is the fact that it yields to antiphlogistics; but what affords demonstration that the neck only was inflamed in the patients under my care, is the circumstance that there existed, between the tumefied parts of the neck, and the body of the uterus, a species of contraction (*retrécissement*) very perceptible, and especially appreciable on the sides. The contraction manifested itself likewise in other cases.

I have encountered this elongation of the neck of the uterus, with women of every age, but its physical character was different from that which we assign to inflammation of this viscus. I will state what I have observed in these cases, and nothing but what I have observed.

The thickness of the walls of the neck was more than doubled, and consequently its volume was augmented, and this augmentation modified also its length, which was sometimes more than tripled. Nor was the form of the neck, properly speaking, changed, but merely prolonged, exaggerated. Most frequently this neck represented a cone, base superior, and performed the office of a pessary in the vagina.

The announcement of this state suffices to give it a determinate pathological signification, and to assign it a place among the species anatomo-pathologic. It could be nothing else than hypertrophy.

What are the symptoms of this lesion? Besides the physical signs which we have just described, there exist the phenomena of the vicinage, common to the other uterine affections, but coitus, above all, is impossible.

I have been induced to treat my patients affected with this hyper-

trophy, after the method of treatment which the doctrine of engorgements would suggest as proper.

According to Velpeau, the word engorgement, pathologically speaking, signifies nothing. His daily experience authorized him to consider the pretended engorgements as so many deviations. If the word engorgement signifies nothing, we should erase it from our medical vocabulary, and not make it a synonym of deviations. We should erase it, because we singularly abuse the word engorgement, making it the equivalent of the most dissimilar alterations or changes—hypertrophy and atrophy, congestion and anæmia, induration and *ramollissement*, the cancer and the tumor, inflammation and osteo-calcareous transformation, &c. Now each of these conditions having already its nomenclature made when it occupies other organs, why not follow the same philosophical method for the uterus, and describe each in isolation, of its proper lesions, with or without their complications? As long as the present custom prevails, so long will endure great obscurity and confusion in the diagnosis and treatment of these affections.

Bibliographical Notices.

A Practical Treatise on the Diseases of Infancy and Childhood. By T. H. Tanner, M.D., F.L.S., Licentiate of the Royal College of Physicians, late Physician to the Hospital for Women, &c. Philadelphia: Lindsay & Blakiston. 1859. 12mo., pp. 464.

This book differs from many other works of the kind in embracing a wider range of subjects than is usually contained in treatises on children's diseases; besides the ordinary complaints of those subjects, it includes many affections which, though common to adults and children, yet offer some modification in form or in the indications for treatment, when occurring in the latter. Thus, we have an account of diseases of the eye, ear and skin, of smallpox, scrofula, tuberculosis, syphilis, bronchocele and cretinism, diseases of the kidneys and genital organs, and some of the accidents common to childhood.

The style of the work is condensed, and the book might with truth be called a manual, rather than a treatise, but there is nothing superficial about it—everything really important is given, while the discussion of disputed subjects, and, in fact, of everything which is not of practical importance in the study and treatment of children's diseases, is omitted.

We consider the views of the author on the subject of therapeutics as rational in the highest degree. He discountenances the system of over-drugging and over-depletion which are recommended by so many writers in this department of medicine; while he is by no means sceptical as to the value of medicines, if administered with judgment. Thus, speaking of bloodletting, he says that children bear bleeding badly, and that the abstraction of blood is rarely necessary in the treatment of their diseases. Hence, it should not be resorted to without due consideration, and, if possible, should rather be effected by means of leeches, than by opening a vein.

A section on Moral and Intellectual Training has been introduced, with some remarks as if the author feared it might be thought out of place. We are sure, however, that no one will peruse it without feeling that it is a valuable and welcome addition to a work on the diseases of the young, since it points out the important bearing which the moral nature has upon the physical, and the way in which they may be made to re-act upon each other, to the improvement of both.

The work contains a chapter on the nature and effects of the different medicinal preparations which are of most value in the treatment of infantile diseases; and an appendix of formulæ is added, which will be found of great convenience to the practitioner.

We cordially recommend Dr. Tanner's book as an excellent guide in the study and treatment of the diseases of children.

For sale in Boston by Ticknor & Co.

Extracts from the Records of the Boston Society for Medical Improvement. By F. E. Oliver, M.D., Secretary. Vol. III. Boston: printed by David Clapp. 1859. 8vo., pp. 459.

As is well known, the proceedings of the Boston Society for Medical Improvement have for many years been published in *The American Journal of the Medical Sciences* or *The Boston Medical and Surgical Journal.* As fast as sufficient materials accumulated they have been collected together in volumes, which have been quietly placed upon the shelves of the members.

The third of these volumes has just appeared, and seems worthy of something more than the same respectable burial granted to its predecessors. In addition to a large number of cases, there are papers upon subjects of the greatest interest to every medical man.

We intended to mention some of the contents, but on ascertaining that the index covered fourteen pages, abandoned the task as hopeless. It was found impossible to select from the abundance, without doing injustice. We feel sure, however, that all will find something to repay them for the time spent in consulting the work.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 12, 1859.

AMERICAN MEDICAL ASSOCIATION.

The Annual Meeting of this Association was held in Louisville, commencing on the 4th inst. We have not yet received a full report of the proceedings, but we learn that the attendance was large, some 300 delegates being present, including 7 from Massachusetts, and that the proceedings were conducted with harmony. The following officers were elected for the ensuing year: *President*, Henry Miller, of Kentucky. *Vice Presidents*, H. F. Askew, Delaware; Charles S. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana. *Treasurer*, Caspar Wister, Pennsylvania. *Secretary*, S. M. Bemiss, Kentucky.

A very small number of reports were presented, most of the committees being unprepared, and asking for a continuance.

The following resolution, offered by Dr. J. B. Lindsay, of Tennessee, was adopted:

Resolved, That a committee of three be appointed by the chair, to inquire into and report upon the propriety of dividing the Association into sections, for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

The following resolutions, appended to the Report on Criminal Abortion, written by Dr. H. R. Storer, of Boston, were unanimously adopted.

Resolved, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the attention of the several Legislative Assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem proper.

Resolved, That the Association request the zealous coöperation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States, and that the President and Secretaries of the Association are hereby authorized to carry out by memorial these resolutions.

Among other resolutions offered was one for the appointment of a committee to confer with a committee of the Convention of Medical Teachers, which was adopted; also one asking for the establishment of a Board of Censors, to grant diplomas to the members of the Association; and one that each State Medical Society be requested to appoint two delegates for each State College, to attend all examinations of candidates for graduation, to participate in the examination, and to vote on the qualifications of the candidates.

Dr. Flint, from the Committee on Prize Essays, reported that they had received four dissertations, some of which were very meritorious, but in the opinion of the Committee none of them were worthy of the prize. Two dissertations were received only two days before the meeting of the Association. It being impossible to read these, they were excluded from competition the present year.

On motion of Dr. J. B. Flint, Drs. Flint, Bowditch and Shattuck were appointed a committee to coöperate with the profession in England in their intention of erecting a monument to the memory of John Hunter.

The next Annual Meeting will be held at New Haven, Conn., on the first Tuesday of June, 1860.

Convention of Medical Teachers.—This Convention, called under a resolution adopted at the last Annual Meeting of the American Medical Association, met at Louisville on Monday, May 2d, and were organized by the choice of Prof. Dixi Crosby, of Dartmouth College, as Chairman, and Prof. George C. Blackman, of Ohio Medical College, at Cincinnati, as Secretary. Some thirty delegates were present, including one (Prof. Shattuck) from Harvard University.

A series of resolutions was offered, stating the objects of the Convention.

DR. AYRES'S CASE OF CONGENITAL EXSTROPHY OF THE BLADDER.

Boston, May 5, 1859.

MESSRS. EDITORS,—In your JOURNAL of to-day I find a letter, called forth from a friend of Dr. Ayres, by the "bibliographical notice" of the latter's pamphlet,* which I wrote for you some time since.

I think you will agree with me, that no pamphlet ever presented a more unprepossessing external appearance than the one in question; nor were we prepared to expect that so much importance could be attached to an article, whose author, even, had not thought it worthy of attention enough to correct the obvious errors of spelling, grammar and the press, with which it abounds, and which seem strangely inconsistent with so much pretence in the title, as well as at variance with anything claiming to mark a new era, unless a retrograde one, in surgical science.

I must suppose, and it certainly compromises my good opinion of him to do so, that this communication of Dr. Bauer's was written with Dr. Ayres's cognizance, and that it is he, feeling himself aggrieved by my notice, who charges me, through his friend, with personality, inconsistency and incompetency. With reference to these charges, and with no intention of entering upon a controversy, I take the liberty of writing you a few lines, explanatory and defensive.

Permit me in the first place, then, to state that I never heard of, or saw, nor know any one who ever did see or hear of Dr. Ayres, and that I have no cause, direct or indirect, for any private or personal feelings whatsoever against him, and that no animosity of any description was intended to be concealed behind the severity of the criticism of which he complains.

And then, as to "misstating," "garbling" and "distorting" the results of the case, I can only declare that I quoted them in the words of the pamphlet, and that I now find they differ in no way from the restatement of them as made by Dr. Bauer.

The case of Cabrol, which seems to have annoyed them so much, was not a case of extroversion, nor so stated to be, and I was guilty of no inconsistency, therefore, in alluding, incidentally, to the successful operation performed in that instance. Contrary to Dr. Bauer's assertion, that case *is* alluded to by Nélaton, Vol. IV., p. 522, in a chapter entitled *fistules urinaires de l'ombilic*; also by Vidal, Vol. IV., p. 706, under the head of *anomalies et difformités de la vessie*, and I selected it, for the very reason of its celebrity, as best calculated to show that the theory as to the originating cause of vesical extroversion, advanced as original by Dr. Ayres, already covered another and entirely different class of cases, of the existence of which he was evidently totally ignorant. In this connection, and as it were by way of parenthesis, I cannot but express my astonishment that any one able to read French, either with or without a dictionary, should write an article on extroversion without consulting Chopart, as is admitted, or without having seen the article of Dr. Duncan, in the Edinburgh Journal, a fact made evident by the manner in which it is referred to.

Complaint is especially made of my expression in the notice, that "the pretensions of the title-page are not sustained," and it is declar-

* Congenital Exstrophy of the Urinary Bladder, and its Complications, successfully treated by a New Plastic Operation. By Daniel Ayres, M.D., LL.D., Surgeon to the Long Island Hospital. New York: 1859.

ed by Dr. Bauer to be an "incompetent opinion," inconsistent with a complimentary allusion to the operation. A person surely may compliment originality of design shown in an operation, and yet fail to see evidence of the success of that operation. Is it all which is required to make the treatment of extroversion "successful," to bring a flap of integument in front of the exposed bladder, and so make a "urethra, one and a half inches long, admitting the little finger"? or of its complications, for a prolapsus to still descend, so that even a "simple pessary" is required for its retention? What has been accomplished that a hollow shield or an "appropriate apparatus" would not not have equally or even better effected? The incontinence, the odor, the inability to obtain employment, still exist. No evidence is to be found in Dr. Ayres's pamphlet that the "surrounding integuments were corroded by urine," as asserted by Dr. Bauer, who knows, by his own case presented to the Medical Society of London, that it is an effect not always produced. Necessity cannot be urged on this score, then, for so hazardous an operation. Farther than this, in a case of such a nature, the result is not likely to be improved by time, and for this reason, if for no other, so severe an operation is not entitled to be called a "perfect success" at the expiration of only forty-four days from its performance, when the withering and contraction, always succeeding plastic procedures, can hardly have commenced.

Plastic operations have been done before (by both Dieffenbach and Langenbeck,) for the relief of extroversion; the material for covering in the bladder being taken from the contiguous integuments of the abdomen, as in this case. In what, then, even if, in these operations, the result was unsuccessful, are we to find the boasted "new plastic operation?" Is it in the direction given to the incisions? What plastic operation does, in practice, have strictly formularized incisions? The coat is always cut according to the cloth. Is it in the two stages of the operation? What plastic operation does not usually require a second for its entire completion?

These reasons, I think, sufficiently explain the grounds of my opinion that the author has not sustained the pretensions of his title page, by any satisfactory statements contained in the history of his case; and if so, how much less that on those extraordinary visiting-card covers, adorning his pamphlet, which reads, "A new surgical treatment for malformations of the urinary bladder."

The justice, or even the "unnecessary severity" of my criticism, after these explanations, I leave you to appreciate. Equally with Dr. Bauer, as he expresses himself in the last paragraph of his letter, I shall have "no fears that the efforts of Dr. Ayres to remove another opprobrium from surgical art will receive a more impartial adjudication at the hands of the profession," than that given him by myself.

I honor your correspondent with a notice, which neither the spirit nor the quality of his communication entitle him to, and which no renewed philippic will lead me to take of him again.

Yours very truly, H.

A NEW FUNCTION OF THE PLACENTA.

The brilliant discovery of Claude Bernard, of the glycogenic function of the liver, is one of the most important advances made in the science of physiology. Important, not merely in explaining the function of so large a gland, and one so universally present in every spe-

cies of animals, but in leading, like all great discoveries, to others. It is now known that the liver has the property of secreting a substance which bears some resemblance to dextrine, and of converting this substance into sugar, which is poured into the torrent of the circulation, where it is decomposed, and becomes subservient to the nutrition of the blood.

During the earlier portion of fœtal life, the liver is imperfectly organized, and does not possess the power of secreting sugar, which it acquires at a later period. The question occurs, how does the blood of the embryo, at this early period, obtain the necessary supply of sugar for its nutrition? If we suppose this to come from the maternal blood, through the placenta, we are met with the objection that the explanation applies only to the class of mammalia, and not to oviparous animals, whose young are disconnected with the mother from the commencement of their existence.

After a long series of experiments, M. Bernard has succeeded in demonstrating a new function in the placenta, during the early period of fœtal life—a function precisely similar, and complimentary to that of the liver after birth, viz., the secretion of sugar. The secreting part of the organ consists in a whitish substance, composed of agglomerated epithelial cells, which, like the cells of the liver in the adult animal, are filled with glycogenic matter. In animals which have a single placenta, the vascular and glandular portions of the organ are mingled together; but in the ruminants, whose placenta is multiple, the glandular portion is quite separate from the other part, being developed on the internal surface of the amnion. Owing to this anatomical disposition in the ruminants, it is possible to demonstrate that the vascular portion of the placenta continues to grow uninterruptedly till birth, whilst the glycogenic portion, attached to the amnion, increases during the early period of intra-uterine life, attains its highest point of development at the third or fourth month (in calves), and then gradually disappears, undergoing the various changes of degeneration and atrophy, until at birth no trace of this temporary hepatic structure remains.

A most interesting paper on this subject, by M. Bernard, may be found in the last number of Dr. Brown-Séquard's *Journal de la Physiologie de l'homme et des animaux*, giving full details of this most important discovery, and illustrated by lithographic drawings. To this we refer those of our readers who are not satisfied with the slight sketch which our limits will only allow us to present.

BIOGRAPHICAL SKETCH OF DR. ISRAEL HILDRETH.

DIED, in Dracut, April 6th, Dr. ISRAEL HILDRETH, aged 67 years.

The subject of this notice was born in the town of Dracut. The family to which he belonged has, for many generations, ranked among the most intelligent and influential in that ancient town. His father was widely known throughout the county as an upright magistrate and an excellent man. Having made choice of a profession, the doctor diligently pursued his studies under the direction of the late Dr. Thomas, of Tyngsboro,' and subsequently of Dr. Wyman, then of Chelmsford, afterward the distinguished superintendent of the McLean Asylum. Under these able and accomplished masters was the foundation laid of his future professional success. Having attended a full course of medical lectures at Boston, he was, in the year 1815, licens-

ed by the Censors of the Mass. Medical Society to practise medicine and surgery. He commenced his professional labors in his native town, and on the spot where he was born, and entered at once upon a good business. A few years later, the now thriving city of Lowell sprang into existence, upon the other side of the Merrimac river, and but about a mile from the doctor's residence. His practice at once became more widely expanded. He was extensively employed in the rising town as an attending physician, through many years, and, until he voluntarily left practice, was often applied to for consultation by his junior brethren. Later in life, he engaged in pursuits outside of his profession, and having ample means, and not dependent upon his practice for a support, he gradually relinquished it.

Dr. Hildreth was endowed with most extraordinary powers of mind. His native eloquence, as well as his peculiar tastes and talents, especially adapted him to the forum or the bar, and if circumstances, in early life, had led him in that direction, he would have attained the highest eminence. In the equally useful and honorable, though less showy profession which he selected, he held an enviable position. He was a keen, sagacious observer of the phenomena of disease, and hence a successful practitioner. Though educated at a period when it was fashionable to give medicine more freely than would be tolerated at the present day, he never fell into the prevailing error. In this regard, he was in advance of his time.

Amid the calls of a laborious profession, Dr. Hildreth found time for general reading, and the cultivation of his strongly-marked literary tastes. He was perfectly familiar with history, ancient and modern, and with the whole round of English literature. In ordinary conversation, as well as in set speeches and addresses, his thoughts were clothed in undefiled English; yet there was never a spice of pedantry about him, or the slightest attempt at display. It was all as natural as it was easy and graceful. Being eminently social in his feelings and habits, and possessing a mind stored with varied knowledge, and a memory that never lost an incident that once came within its grasp, he could not fail to be one of the most interesting and delightful of companions, and such indeed he was.

Long will the doctor's memory be cherished by his numerous family, to whom he was greatly endeared, and by a wide circle of attached friends.

E. H.

New York Asylum for Criminal Insane.—This Asylum, recently erected at Auburn, was opened in February last, and has received thirty-two patients. About twenty more are soon to be sent there by the authorities. Its capacity is at present for sixty-four patients, and it will probably soon be filled. Dr. Edward Hall is the superintendent and physician.—*Am. Journal of Insanity.*

MARRIED,—In Saco, Me., April 21, Charles Jordan, M.D., of South Reading, Mass., to Miss Mary P. Cole, of Saco.—At Hazel Green, Wis., 4th inst., T. Frazer Kumbold, M.D., to Miss Emma S., daughter of Dr. M. Meeker, both of Platteville, Grant Co., Wis.

Deaths in Boston for the week ending Saturday noon, May 7th, 86. Males, 49—Females, 37.—Accident, 5—aneurism of the aorta, 1—inflammation of the bowels, 3—inflammation of the brain, 1—congestion of the brain, 2—cancer in the face, 1—consumption, 21—convulsions, 3—cholera infantum, 1—croup, 1—dropsy in the head, 7—puerperal disease, 2—erysipelas, 1—scarlet fever, 1—gout (rheumatic), 1—homicide, 1—disease of the heart, 2—hip disease, 1—intemperance, 1—inflammation of the lungs, 9—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 2—pericarditis, 1—premature birth, 1—smallpox, 3—sore throat, 1—disease of the spine, 1—suicide, 2—teething, 4—tumor of the neck, 1—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 31—between 40 and 60 years, 16—above 60 years, 4. Born in the United States, 52—Ireland, 23—other places, 11.